

## **Appendix A**

Overview of Medicaid Home & Community Based Services Waivers

Appendix A

WAIVER	PHYSICALLY DISABLED	DEVELOPMENTALLY DISABLED	TECHNOLOGY ASSISTED	HEAD INJURY	SERIOUS EMOTIONAL DISTURBANCE	FRAIL ELDERLY
Institutional Equivalent	Nursing Facility	Intermediate Care Facility for Persons with Mental Retardation	Acute Care Hospital	Head Injury Rehabilitation Facility	State Psychiatric Hospital	Nursing Facility
Eligibility	<ul style="list-style-type: none"><li>Individuals age 16-64*</li><li>Determined disabled by SSA</li><li>Need assistance with the activities of daily living.</li><li>Eligible for nursing facility care</li></ul> <p><i>*Those on the waiver at the time they turn 65 may choose to stay on the waiver.</i></p>	<ul style="list-style-type: none"><li>Individuals age 5 or</li><li>Meet definition of mental retardation or developmental disability</li><li>Eligible for ICF/MR level of care</li></ul>	<ul style="list-style-type: none"><li>Children under age 18</li><li>Dependent upon intensive technology</li><li>Eligible for in-patient acute hospital care</li></ul>	<ul style="list-style-type: none"><li>Individual age 16-55</li><li>Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities</li><li>Eligible for in-patient care in a Head Injury Rehabilitation Hospital</li></ul>	<ul style="list-style-type: none"><li>Children/adolescents age 4-18 * (youth eligible prior to their 18<sup>th</sup> birthday can receive supports through age 21)</li><li>Meet criteria of Serious Emotional Disturbance</li><li>At imminent risk for psychiatric hospitalization</li><li>Clinical eligibility</li></ul> <p><i>*age exceptions are possible with appropriate documentation and approval for children under 4</i></p>	<ul style="list-style-type: none"><li>Must be 65 years of age or older</li><li>Choice of HCBS/FE services</li><li>Functional Need</li><li>Medicaid Eligibility</li><li>Available Service Providers</li><li>Waiver Constraints</li></ul>
Point of Entry	Center for Independent Living or Designated Home Health Agency	Community Developmental Disability Organization	Private Agency	Center for Independent Living or Designated Home Health Agency	Community Mental Health Center	Area Agency on Aging
Financial Eligibility Rules	<ul style="list-style-type: none"><li>Only the individual's personal income &amp; resources are considered</li><li>For individuals under age 18, parent's income &amp;resources are not counted</li><li>Income over \$716 per month must be contributed towards the cost of care</li></ul>	<ul style="list-style-type: none"><li>Only the individual's personal income &amp; resources are considered</li><li>For individuals under 18, parents' income &amp; resources are not counted for eligibility, but are considered for the purpose of determining a family participation fee</li><li>Income over \$716 per month must be contributed towards the cost of care</li></ul>	<ul style="list-style-type: none"><li>Only the parent's personal income &amp; resources are considered*</li><li>Income over \$716 per month must be contributed towards the cost of care</li></ul> <p><i>*The parents' personal income &amp; resources are not counted for eligibility but are for the purpose of determining a family participation fee</i></p>	<ul style="list-style-type: none"><li>Only the individual's personal income &amp; resources are considered</li><li>For individuals under age 18, parents' income &amp; resources are not counted</li><li>Income over \$716 per month must be contributed towards the cost of care</li></ul>	<ul style="list-style-type: none"><li>Only the child/adolescent's income is assessed to determine financial eligibility, however, any income over the protected income level results in a client obligation*</li></ul> <p><i>*Parental income &amp; resources are counted for the purpose of determining a family participation fee</i></p>	Medicaid Eligibility <ul style="list-style-type: none"><li>Only the individual's personal income &amp; resources are considered</li><li>Income over \$716 per month must be contributed towards the cost of care</li></ul>
Services/Supports -Additional regular Medicaid services are provided	<ul style="list-style-type: none"><li>Independent Living Counseling</li><li>Personal Services</li><li>Assistive Services</li></ul>	<ul style="list-style-type: none"><li>Residential Services</li><li>Day Services</li><li>Medical Alert</li><li>Wellness Monitoring</li><li>Family/Individual Supports</li><li>Environmental/Adaptive Equipment</li></ul>	<ul style="list-style-type: none"><li>Respite Care</li><li>Medical Equipment &amp; Supplies</li><li>Case Management</li></ul>	<ul style="list-style-type: none"><li>Personal Services</li><li>Assistive Services</li><li>Rehabilitation Therapies</li><li>Transitional Living Skills</li></ul>	<ul style="list-style-type: none"><li>Wrap Around Facilitation</li><li>Parent Support &amp; Training</li><li>Independent Living Skills</li><li>Respite Care</li><li>Eligible for all Medicaid service both mental and physical health including covered medications</li></ul>	<ul style="list-style-type: none"><li>Adult Day Care</li><li>Assistive Technology</li><li>Nursing Evaluation Visit</li><li>Personal Emergency Response</li><li>Respite Care</li><li>Sleep Cycle Support</li><li>Wellness Monitoring</li><li>Attendant Care Services</li></ul>

## **Appendix B**

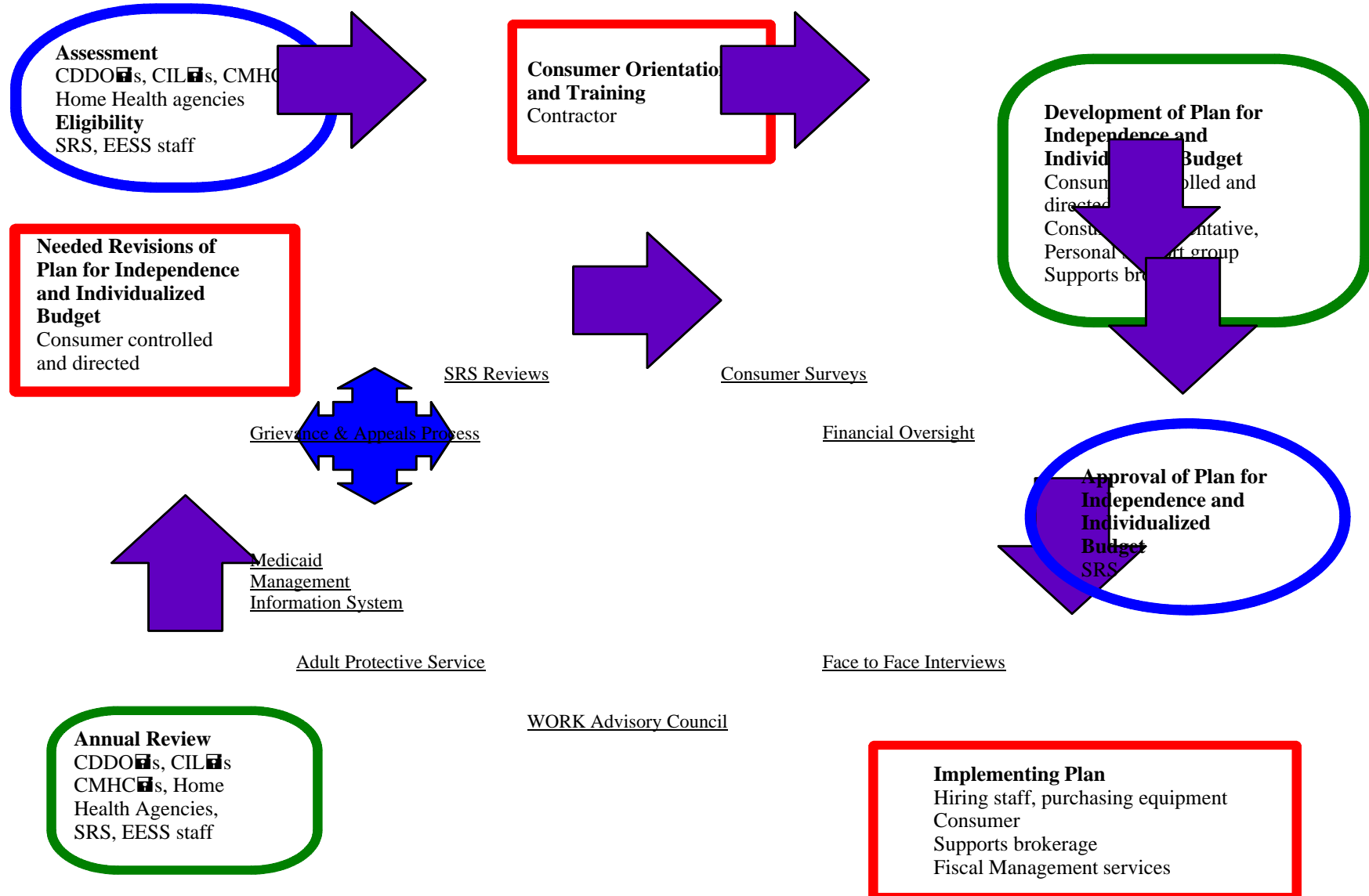
**APPENDIX B**  
**WORK IMPLEMENTATION SCHEDULE**

TIME FRAME	ACTION
30 working days of CMS approval of <i>WORK</i> application	<ul style="list-style-type: none"> <li>- RFP for Contractor sent out</li> <li>- <i>WORK</i> Advisory Council established</li> <li>- Required SRS policy changes initiated</li> <li>- Development of the Plan for Independence and the Individualized Budget forms</li> <li>- Development of the <i>Work</i> brochure</li> </ul>
40 working days of CMS approval of <i>WORK</i> application	<ul style="list-style-type: none"> <li>- Development of SRS staff Orientation and Training</li> <li>- Scheduling of SRS staff Orientation and Training</li> <li>- Development of Supports Brokers and Fiscal Management Services Orientation and Training</li> <li>- Scheduling of Supports Brokers and Fiscal Management Orientation and Trainings throughout the state</li> <li>- Development of the Self- Direction Training curriculum</li> <li>- Development of the Fiscal Management Training curriculum</li> </ul>
Within 50 working days of CMS approval of <i>WORK</i> application	<ul style="list-style-type: none"> <li>- KAECSES modified to include <i>WORK</i> enrollees</li> <li>- MMIS modified to include <i>WORK</i> enrollees</li> <li>- Adult Abuse and Neglect Data Base adapted to include <i>Work</i> enrollees</li> <li>- Contractor selected and oriented</li> <li>- <i>WORK</i> brochure printed</li> <li>- Publish articles about <i>WORK</i> in newsletters statewide</li> <li>- Press release regarding <i>WORK</i></li> </ul>
Within 70 working days of CMS approval of <i>WORK</i> application	<ul style="list-style-type: none"> <li>-SRS staff Orientation and Training completed</li> <li>- Supports Brokers and Fiscal Management Services Orientation and Training completed</li> <li>- Initial <i>WORK</i> solicitation letters sent out</li> <li>- SRS policy changes completed</li> </ul>
Within 90 working days of CMS approval of <i>WORK</i> application	<ul style="list-style-type: none"> <li>- Begin <i>WORK</i> enrollment</li> <li>- Initial enrollees complete baseline survey</li> </ul>
Quarterly following implementation of <i>WORK</i>	<ul style="list-style-type: none"> <li>- Report to CMS</li> </ul>

<b>Annually following implementation of <i>WORK</i></b>	<ul style="list-style-type: none"><li>- Satisfaction surveys completed by initial enrollees</li><li>- Annual face-to-face interviews conducted with initial enrollees</li><li>- Report to CMS</li></ul>
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## **Appendix C**

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## **Appendix D**



## Appendix D

### Baseline Services

	<b>DEVELOPMENTALLY DISABLED (HCBS WAIVER)</b>	<b>HEAD INJURED (HCBS WAIVER)</b>	<b>PHYSICALLY DISABLED (HCBS WAIVER)</b>	<b>SERIOUS EMOTIONAL DISTURBANCE (HCBS WAIVER)</b>	<b>WORK (1115 DEMONSTRATION)</b>
<b>Institutional Equivalent</b>	<i>Intermediate Care Facility for Persons with Mental Retardation</i>	<i>Head Injury Rehabilitation Facility</i>	<i>Nursing Facility</i>	<i>State Psychiatric Hospital</i>	<i>Nursing Facility</i>

<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Individuals age 5 or over</li> <li>• Meet definition of mental retardation or developmental disability</li> <li>• Eligibility for ICF/MR level of care</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals age 16-55</li> <li>• Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities</li> <li>• Eligible for in-patient care in a Head Injury Rehabilitation Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals age 16-64</li> <li>• Determined disabled by SSA</li> <li>• Need assistance with the activities of daily living.</li> <li>• Eligible for nursing facility care</li> </ul> <p><i>*Those on the waiver at the time they turn 65 may choose to stay on the waiver.</i></p>	<ul style="list-style-type: none"> <li>• <i>Children/adolescents age 4-18* (youth eligible prior to their 18<sup>th</sup> birthday can receive supports through age 21)</i></li> <li>• <i>Meet criteria of Serious Emotional disturbance</i></li> <li>• <i>At imminent risk for psychiatric hospitalization</i></li> <li>• <i>Clinical Eligibility</i></li> </ul> <p><i>*Age exceptions are possible with appropriate documentation and approval for children under 4</i></p>	<ul style="list-style-type: none"> <li>• Individuals age 16-64</li> <li>• Determined disabled by SSA</li> <li>• Resident of Kansas</li> <li>• Receive services through the DD, HI, PD, or SED waiver or currently be on a waiting list.</li> <li>• Require PA services in order to live and work in the community.</li> </ul>
<b>Point of Entry</b>	Community Developmental Disability Organization	Center for Independent Living or Designated Home Health Agency	Center for Independent Living or Designated Home Health Agency	Community Mental Health Centers	Kansas SRS

<b>Financial Eligibility Rules</b>	<ul style="list-style-type: none"> <li>• Only the individual's personal income and resources are considered.</li> <li>• For individuals under age 18, parent's income and resources are not counted for eligibility, but are considered for the purpose of determining a family participation fee.</li> <li>• Income over \$716 per month must be contributed towards the cost of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Only the individual's personal income &amp; resources are considered</li> <li>• For individuals under age 18, parent's income and resources are not counted.</li> <li>• Income over \$716 per month must be counted towards the cost of care</li> </ul>	<ul style="list-style-type: none"> <li>• Only the individual's personal income &amp; resources are considered</li> <li>• For individuals under age 18, parent's income and resources are not counted.</li> <li>• Income over \$716 per month must be counted towards the cost of care</li> </ul>	<ul style="list-style-type: none"> <li>• Only the child/adolescent's income is assessed to determine financial eligibility, however, any income over the protected income levels in a client obligation*</li> </ul> <p><i>*Parental income &amp; resources are counted for the purpose of determining a family participation fee</i></p>	<ul style="list-style-type: none"> <li>• <i>Countable household income no higher than 300% of the Federal Poverty Level</i></li> <li>• <i>Household assets no higher than \$15,000</i></li> <li>• <i>Provides evidence of FICA or SECA withholding from wages</i></li> </ul>
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<b>Services/ Supports</b>	<ul style="list-style-type: none"> <li>• <i>Residential Services</i></li> <li>• <i>Day Services</i></li> <li>• <i>Medical Alert</i></li> <li>• <i>Wellness Monitoring</i></li> <li>• <i>Family/Individual Supports</i></li> <li>• <i>Environmental/Adaptive Equipment</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Personal Services</i></li> <li>• <i>Assistive Services</i></li> <li>• <i>Rehabilitation Therapies</i></li> <li>• <i>Transitional Living Skills</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Independent Living Counseling</i></li> <li>• <i>Personal Services</i></li> <li>• <i>Assistive Services</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Wrap Around Facilitation</i></li> <li>• <i>Parent Support &amp; Training</i></li> <li>• <i>Independent Living Skills</i></li> <li>• <i>Respite Care</i></li> <li>• <i>Eligible for all Medicaid services both mental and physical health including covered medications</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Personal Services</i></li> <li>• <i>Assistive Services</i></li> <li>• <i>Supports Brokerage</i></li> </ul>
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